

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51					
2	/						52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7	/						57					
8	/						58					
9	/						59					
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11		10					61					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	6						TOTAL IND.					
TOTAL DEP.	24						TOTAL DEP.					
TOTAL CLAIMS	30						TOTAL CLAIMS					